

Consultation document Tuhinga whai tohutohu

Registered nurse prescribing review
and
Nurse practitioner scope of practice review
including
Amendments to nursing education programme standards

September 2025



Te Kaunihera Tapuhi o Aotearoa
Nursing Council of New Zealand

From the Chief Executive | Nā te Kaiwhakahaere Matua

E ngā iwi, tēnā koutou katoa

I am pleased to present for consultation the review of registered nurse prescribing and the nurse practitioner scope of practice, and amendments to nursing education programme standards leading to nursing registration.

The Nursing Council of New Zealand | Te Kaunihera Tapuhi o Aotearoa (the Council) sets scopes of practice and standards under the Health Practitioners Competence Assurance Act 2003, to ensure that the public of New Zealand is safe and can have confidence in the competence and quality of our nursing workforce.

The proposals in this consultation reflect contemporary nursing practice, draw from research and international experience, and build on the foundation of the registered nurse scope of practice. The proposals reflect the Council's commitment to Te Tiriti o Waitangi and the role nurses play in improving health equity for Māori.

We have begun by reviewing scopes of practice as the foundational definition of practice that education standards need to reflect. We will then review standards of competence and continuing competence requirements which may include requirements for changing areas of practice for nurse practitioners.

Separate to this consultation, the Council has commissioned an independent and comprehensive national review of nursing education. This work may inform future changes to education standards.

This review has involved extensive research and deliberations across the sector. I would like to acknowledge the expertise and views of the sector reference groups and the time they have committed to this, and also thank others who have contributed to this important mahi so far.

Ngā mihi nui

Catherine Byrne
Chief Executive / Registrar Nursing Council New Zealand

Contents | Ngā ihirangi

| | |
|-------------------------------------------------------------------------------------------------------------------------------|-----------|
| Have your say Me pēhea te whakatakoto tāpaetanga | 4 |
| How to make a submission..... | 4 |
| Submitting as an individual | 4 |
| Submitting on behalf of an organisation | 4 |
| Sending your submission to us..... | 4 |
| Introduction Kupu whakataki | 5 |
| Te Tiriti o Waitangi and equity for Māori | 5 |
| How the proposals were developed..... | 6 |
| Advisory reference groups | 6 |
| When and how will these changes take place? | 6 |
| Our proposals Ō mātou marohi..... | 7 |
| About scopes of practice..... | 7 |
| Building on the registered nurse scope of practice..... | 8 |
| Part One: Registered nurse prescribing Wāhanga tuatahi: Nēhi rēhita - tuku rongoā | 9 |
| Introduction..... | 9 |
| What are we proposing? | 9 |
| Part Two: Nurse practitioner scope of practice review Wāhanga tuarua: Mātanga tapuhi - arotake mahi whānui | 13 |
| Introduction..... | 13 |
| What are we proposing? | 13 |
| Part Three: Nursing education programme standards Wāhanga tuatoru: Ngā hōtaka mātauranga tapuhi..... | 16 |
| Introduction..... | 16 |
| What are we proposing?..... | 16 |

Have your say | Me pēhea te whakatakoto tāpaetanga

We would like to hear your views on our proposals and appreciate your time and effort to respond to this consultation.

Our consultation questions are structured in three parts:

- the proposed registered nurse prescribing scope statement
- proposed changes to the nurse practitioner scope statement and
- amendments to the nursing education programme standards.

You do not need to answer all questions. Please respond to the questions that are relevant to you.

How to make a submission

You can choose to complete a [survey](#) or you can provide more substantive feedback via this [submission template](#).

You can send us your submission or direct any questions you have in relation to the consultation process by emailing consultations@nursingcouncil.org.nz

The closing date for submissions is **Friday 24 October 2025**

Introduction | Kupu whakataki

The Council's purpose under the Health Practitioners Competence Assurance Act 2003 (the HPCA Act) is to protect the safety of the public through mechanisms to ensure that nurses are competent and fit to practise. Setting scopes and standards are part of the foundation for that protection. The Council regularly reviews scopes of practice, education standards and standards of competence to ensure they reflect global and national trends and contemporary practice for the nursing profession.

A scope of practice statement describes the general nature of the nursing role and is broad rather than prescriptive. Together, scopes of practice and associated standards of education and competence clearly describe what nurses do, and what it means to do that competently, considering the context in which nursing is practised and taught.

Changes to nursing scopes of practice need to consider current and projected health needs of the New Zealand population, and the current and projected workforce issues facing the health sector. The scopes and standards set by the Council aim to support a flexible, future-focused workforce to meet health needs and deliver quality health services. They need to have credibility with the profession and other stakeholders and be feasible to implement in practice.

Te Tiriti o Waitangi and equity for Māori

The Council carries out its functions within the context of its commitments, responsibilities and obligations under Te Tiriti o Waitangi.

Te Tiriti o Waitangi provides a framework for nursing practice that upholds culturally safe, equitable care, and honours the mana and self-determination (rangatiratanga) of Māori, recognising the principles of Te Tiriti, emphasising equity, inclusivity and diversity.

Nursing has been a leader in the integration of cultural safety into practice, in any clinical setting, since its recognition and acceptance in the early 1990s. This is now a fundamental requirement in the provision of effective and acceptable care. Cultural safety is a dynamic concept that has been addressed in different ways in nursing over the decades, but it has consistently been integrated into the education and competencies of nurses. It has always been seen as incorporating the cultural diversity in beliefs and values in the population, and requires nurses to examine how their own preconceptions and biases may hinder the delivery of safe and effective care.

Similarly, the need to understand the differences in Māori health, including health outcomes, is essential and reflects the nurse's responsibility to establish respectful and collaborative relationships, and work in partnership to consider the impact of nursing practice on Māori health outcomes.

How the proposals were developed

Advisory reference groups

We established three reference groups to separately advise the Council's project design on registered nurse (RN) prescribing, nurse practitioner (NP) scope of practice review and the associated education standards. Group members were drawn from the Council, Nurse Practitioners New Zealand, Nurse Practitioner Mātanga Tapuhi Māori rōpū, registered nurse prescribing national group and Māori rōpū, the New Zealand Nurses Organisation (including Te Poari o Te Rūnanga o Aotearoa), Māori and Pacific nursing leaders, District Chief Nurses, educators from RN prescribing and NP programmes, and employers.

Standards, strategies, research and views we considered

In developing its proposals, the Council has:

- researched relevant academic literature on both RN prescribing and NP roles and scopes of practice [available here](#)
- performed extensive environmental scans, with comparative international jurisdictions for both RN prescribing, NP scope of practice, and education standards [available here](#)
- attended hui and wānanga, both kanohi ki te kanohi (in person) and ipurangi (online).

When and how will these changes take place?

Following consultation, we will consider and analyse all feedback. Depending on the themes and issues raised, we may seek some additional expert advice or further targeted consultation. A summary of analysis will be published on our website.

Once final decisions are made by the Council, the new RN prescribing and NP scopes of practice statements will be published in the New Zealand Gazette, and be available on the Council website alongside the education standards. We expect this will occur in early 2026. Standards of competence, changes to continued competence/recertification requirements, and requirements for changing areas of practice for NPs will be the subject of separate consultation in 2026.

The Council expects to introduce the new education standards from mid-2026 with accreditation against the new standards to begin in 2027. Any new providers of nursing programmes seeking accreditation in 2026 will be expected to meet the new standards.

We will work alongside the sector to implement any changes and appreciate this may take some time. We will give plenty of notice to all affected organisations before changes are implemented.

Our proposals | Ō mātou marohi

This consultation is structured into three parts:

- **Part one:** registered nurse prescribing review
- **Part two:** nurse practitioner scope review
- **Part three:** amendments to nursing education programme standards.

You do not need to read all parts. Only read the information and respond to the consultation questions that are relevant to you.

You can find more information in the accompanying background document [available here](#).

About scopes of practice

Under the HPCA Act, setting scopes is a core function of the Council. Section 11 (2) outlines how a regulator can define a scope:

“A scope of practice may be described in any way the authority thinks fit, including without limitation, in any one or more of the following ways:

[a] by reference to a name or form of words that is commonly understood by persons who work in the health sector

[b] by reference to an area of science or learning

[c] by reference to tasks commonly performed

[d] by reference to illnesses or conditions to be diagnosed, treated or managed”.

The scope statement is one of three elements of a scope of practice. It describes the nature of the role and sits alongside:

- standards of competence that define competent practitioners in that scope
- education standards for programmes that develop competent practitioners.

The way in which the scope of nursing practice is defined outlines the parameters and boundaries within which nurses practise to ensure that nursing practice can accommodate and respond to the current needs of society.¹

The International Council of Nurses² recently published an updated definition of nursing. This definition describes nursing practice within a scope defined by their level of education, experience and the regulatory standards in their region. Nurses continue to grow professionally through ongoing education, guided by research and evidence-based practice, evolving the scope of nursing such as advanced practice roles.

1 International Council of Nurses. (2013). [Scope of nursing practice](#) (pp. 2). Geneva, Switzerland: International Council of Nurses.

2 International Council of Nurses. (2025). Renewing the definitions of “Nursing” and a “Nurse.” Final project report. Geneva, Switzerland. <https://www.icn.ch/resources/nursing-definitions/current-nursing-definitions>

Building on the registered nurse scope of practice

The proposed new RN prescribing scope statement and proposed changes to the NP scope statement build on the platform of the RN scope of practice and standards of competence. This is because the RN scope of practice is fundamental to advanced practice.

The Council has recently published a revised RN scope of practice and new standards of competence. These make clear that nursing scopes of practice reflect the complexity of health needs and the interventions required for nursing practice and the provision of care. This complexity requires the need for critical thinking, diagnostic reasoning and professional judgement based on evidence. To provide care in a changing healthcare environment, sound clinical, cultural and scientific knowledge to support decision-making are fundamental to ensuring safe care.³

The revised RN scope of practice integrates the articles and principles of Te Tiriti o Waitangi to respect the rights of tangata whenua and contribute to improving health outcomes. The position and importance of Te Tiriti o Waitangi, kawa whakaruruhau, and cultural safety are foundational to all nursing practice. Te Tiriti o Waitangi provides the foundation for working in partnership with Māori to address health inequities and support the provision of safe and effective care.

³ NCNZ. (2025). [Standards of competence for registered nurses](#).

Part One: Registered nurse prescribing | Wāhanga tuatahi: Nēhi rēhita – tuku rongoā

Introduction

Registered nurse prescribers have completed advanced education and work in contexts that allow them some prescribing rights.

We propose a separate scope of practice for RN prescribing practice in anticipation of the proposed Medical Products Bill⁴, currently in development following the repeal of the Therapeutic Products Act 2023. The Bill aims to modernise medicine regulation, support practitioner flexibility, and expand scopes of practice, potentially creating a more enabling environment for RN prescribing across the life span and in all settings. The new scope will ensure RN prescribing practice appropriately reflects contemporary nursing environments into the future to support equitable access to health services.

Out of scope

RN community prescribing is out of scope for this review. This will remain within the registered nurse scope of practice until changes to the Medical Products Bill are fully understood. Other authorisations, including emergency contraception, Hepatitis C medicines and vaccination authorisation, are also not part of this consultation process.

The medicines list is also out of scope for this consultation. The Council has been working with the Ministry of Health to review the RN prescribing legislative framework and explore options to address the current constraints and barriers for registered nurse prescribers' access to appropriate medicines. The Ministry of Health will be separately consulting on broadening the specified medicines list that nurses are able to prescribe from.

What are we proposing?

We propose a new and separate scope of practice for designated RN prescribing in primary health and speciality teams that will enable RN prescribing across the life span and across a range of settings. Community nurse prescribing will remain within the registered nurse scope of practice with authorisation by the Council to prescribe some medicines within their area of practice and level of competence.

This proposed new RN prescribing scope of practice statement is intended to support a more optimal scope of practice by:

- being built on the platform of the registered nurse scope of practice
- requiring completion of a postgraduate diploma or equivalent that develops advanced scientific knowledge including pathophysiology, pharmacotherapeutics, and advanced assessment and diagnostic reasoning skills, to safely prescribe
- a requirement to have the clinical knowledge to prescribe medications consistent with the nurse's education, assessed competence and relevant legislative requirements

⁴ [Medical products bill](#)

- a requirement to undertake comprehensive assessments, diagnose and prescribe within their area of practice and competence
- a requirement to work in collaborative teams, must have access to an experienced prescriber, and seek guidance when appropriate.

Additional background information on RN prescribing is found [here](#). A summary of specific proposed changes can be found in Table 1.

Proposed registered nurse prescribing scope of practice statement

The registered nurse prescriber scope of practice is built on the platform of the registered nurse scope of practice. Registered nurse prescribers must meet the Nursing Council of New Zealand's regulatory and professional requirements.

Registered nurse prescribers are required to have a postgraduate diploma or equivalent qualification that develops advanced scientific knowledge including pathophysiology, pharmacotherapeutics, and advanced assessment and diagnostic reasoning skills, to safely prescribe.

Registered nurse prescribers have the clinical knowledge to prescribe medications consistent with their education, assessed competence, relevant legislative requirements, and meet the Nursing Council of New Zealand's standards of competence for registered nurse prescribing.

Registered nurse prescribers undertake comprehensive assessments, plan care, order and interpret diagnostic and laboratory tests where appropriate, and diagnose and prescribe within their area of practice and competence. Registered nurse prescribers work in collaborative teams, must have access to an experienced prescriber, and seek guidance when appropriate.

You can compare the proposed registered nurse prescribing scope of practice statement with the registered nurse scope of practice statement below.

Registered nurse scope of practice statement

Registered nurses in Aotearoa New Zealand incorporate knowledge, concepts and worldviews of both tangata whenua and tangata tiriti into practice.

Registered nurses uphold and enact ngā mātāpono – principles of Te Tiriti o Waitangi, based on the kawa whakaruruhau framework and cultural safety, promoting equity, inclusion, diversity and rights of Māori as tangata whenua. These concepts also relate to Pacific peoples and all population groups to support quality services that are culturally safe and responsive.

Registered nurses are accountable and responsible for their nursing practice, ensuring that all health care provided is consistent with their education, assessed competence, relevant legislative requirements, and is guided by the Nursing Council of New Zealand's standards for registered nurses.

Registered nurses use substantial scientific and nursing knowledge to inform comprehensive assessments, determine health needs, develop differential diagnoses, plan care, and determine appropriate interventions. Interventions are evaluated to assess care outcomes based on clinical judgement and scientific and professional knowledge.

Registered nurses practise independently and in collaboration with individuals, their whānau, communities, and the interprofessional healthcare team, to deliver equitable person/whānau/whakapapa-centred nursing care across the life span in all settings.

Registered nurses may also use their expertise in areas and roles such as leadership, management, education, policy, and research.

Conditions may be placed on the scope of practice of some registered nurses, dependent on their qualifications and/or experience, limiting them to a specific area of practice. Nurses who have additional experience and have completed the required education will be authorised by the Council to prescribe some medicines within their area of practice and level of competence.

Registered nurses are responsible and accountable for directing and delegating to members of the healthcare team. Registered nurses provide support and guidance to enrolled nurses.

Table 1: Summary of proposed changes from current registered nurse prescribing in primary health and specialty teams

| Current practice | Proposed scope | Rationale |
|-------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| Focus on primary health and specialty teams. | No specific focus. | Enables registered nurse prescribers to practise in a broader range of practice areas. |
| Diagnose and treat common conditions. | Diagnose and prescribe within their area of practice and competence. | Remove the limitation of common conditions reflecting level of education and practice competence. |
| Work within a collaborative team. | No change. | |
| Able to prescribe specified prescription medicines or class of medicines. | No change. | |
| Must seek advice or refer patients who are outside their level of competence. | No change. | |
| Additional. | Must have access to an experienced prescriber. | Improve clarity around access to support and guidance where needed. |

Consultation questions

1. The RN prescriber scope builds on the foundations of the RN scope. Is this clear in the RN prescribing scope?
2. Does the proposed scope reflect the key requirements of RN prescribing practice?
3. Overall, do you support the proposed RN prescribing scope statement?
4. Please provide any other comments including reasons to explain your answers.

Part Two: Nurse practitioner scope of practice review | Wāhanga tuarua: Mātanga tapuhi - arotake mahi whānui

Introduction

NPs are advanced practitioners, have advanced scientific knowledge, have a master's level education, and are leaders in the development and delivery of healthcare services.

We propose changes to the NP scope statement to ensure NP practice appropriately reflects contemporary and future advanced nursing practice to meet population health needs and support equitable outcomes.

The NP scope of practice was last reviewed in 2016 when the requirement to restrict NP to a specific area of practice was removed. This change was in recognition of the diverse contexts in which NPs practise and to encourage their growth and proficiency across different healthcare environments.

The focus of this review is to optimise the NP scope of practice, remove regulatory barriers to registration pathways, and improve coherence between the roles of RN, RN prescriber and NP.

What are we proposing?

We propose changes to the NP scope of practice which build on the platform of the registered nurse scope of practice and indicate that NPs are autonomous practitioners. The key changes position NPs as:

- leaders in the development and delivery of healthcare services
- advanced practitioners, educated at a minimum of master's level
- providing clinical leadership and managing episodes of care
- providing a wide range of assessment and treatment interventions
- applying a combination of advanced scientific knowledge, diagnostic reasoning and critical analysis to diagnose and develop therapeutic treatment plans in partnership with health consumers and whānau
- prescribing medicines within their area of competence
- leading or contributing to research, healthcare design, policy and education at regional, national and international levels.

Additional background information can be found [here](#).

Proposed nurse practitioner scope of practice statement

The nurse practitioner scope of practice is built on the platform of the registered nurse scope of practice. Nurse practitioners role model commitment to Te Tiriti o Waitangi, kawa whakaruruhau and cultural safety. Nurse practitioners must also meet the regulatory and professional requirements set by the Nursing Council of New Zealand.

Nurse practitioners are leaders in the development and delivery of healthcare services. They are advanced practitioners, educated at a master's or doctoral level, and have the required competence to provide clinical leadership and manage episodes of care. The expanded nature of autonomous nurse practitioner practice requires them to provide a wide range of comprehensive assessment and treatment interventions.

Nurse practitioners combine advanced scientific knowledge, diagnostic reasoning, and critical analysis to diagnose and develop therapeutic treatment plans, including prescribing medicines within their area of competence. They are accountable for ensuring evidence and research inform their decision-making. This is done in partnership with health consumers and whānau.

Nurse practitioners lead or contribute to research, healthcare design, policy, and education at regional, national and international levels.

A summary of specific proposed changes can be found in Table 2.

You can compare the proposed nurse practitioner scope of practice with the current scope below.

Current nurse practitioner scope of practice statement⁵

Nurse practitioners have advanced education, clinical training, and the demonstrated competence and legal authority to practise beyond the level of a registered nurse. They work autonomously and in collaborative teams with other health professionals to promote health, prevent disease, and improve access and population health outcomes for a specific patient group or community.

Nurse practitioners manage episodes of care as the lead healthcare provider in partnership with health consumers and their families/whānau. They combine advanced nursing knowledge and skills with diagnostic reasoning and therapeutic knowledge to provide patient-centred healthcare services, including the diagnosis and management of health consumers with common and complex health conditions.

Nurse practitioners provide a wide range of assessment and treatment interventions, ordering and interpreting diagnostic and laboratory tests, prescribing medicines within their area of competence, and admitting and discharging from hospital and other healthcare services/settings. As clinical leaders, they work across healthcare settings and influence health service delivery and the wider profession.

⁵ [Notice of Replacement and Revocation of Notice for Nurse Practitioners \(2017\)](#).

Table 2: Summary of proposed changes from current nurse practitioner scope to proposed nurse practitioner scope

| Current scope | Proposed scope | Rationale |
|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| Demonstrated competency to practise beyond the level of registered nurse. | Nurse practitioner scope is built on the platform of the registered nurse scope of practice. | Align with current RN scope and pou. |
| As clinical leaders, they work across healthcare settings and influence health service delivery and the wider profession. | Nurse practitioners are leaders in the development and delivery of healthcare services. (Moved to earlier in scope) | Positions nurse practitioners as leaders in the development and delivery of healthcare services. |
| Nurse practitioners have advanced education and clinical training. | They are advanced practitioners, educated at a minimum of master's level. | Allow for clarity of educational qualification and future proofing for potential for PhD. |
| Manage episodes of care as the lead healthcare provider. | They provide clinical leadership and manage episodes of care. | Enhancing clinical leadership. |
| Provide a wide range of assessment and treatment interventions, ordering and interpreting diagnostic and laboratory tests. | The expanded nature of autonomous nurse practitioner practice requires them to provide a wide range of clinical assessments. | Emphasising expanded and autonomous practice. |
| Nurse practitioners combine advanced scientific knowledge. | They combine advanced nursing knowledge and skills with diagnostic reasoning and therapeutic knowledge. | Emphasising advanced scientific knowledge and expertise of nurse practitioners. |
| Nurse practitioners lead or contribute to research, healthcare design, policy and education at regional, national and international levels. | As clinical leaders, they work across healthcare settings and influence health service delivery and the wider profession. | Increased emphasis on nurse practitioner leadership across the sector beyond their own services. |

Consultation questions

1. The NP scope builds on the foundations of the registered nurse scope. Is this clear in the proposed changes to the NP scope?
2. Does the proposed scope statement reflect NP practice?
3. Overall, do you support the proposed changes to the NP scope statement?
4. Is the difference between the scopes of registered nurse prescribing and nurse practitioner clear?
5. Please provide any other comments including reasons to explain your answers.

Part Three: Nursing education programme standards | Wāhanga tuatoru: Ngā hōtaka mātauranga tapuhi

Introduction

The Council is responsible for ensuring that New Zealand's nursing education providers deliver programmes that graduate safe and competent nurses to practise in the New Zealand healthcare context.

The Council sets nursing education programme standards for education providers. The Council evaluates education providers and programmes against these standards and awards accreditation in line with the requirements of the HPCA Act.

We propose amendments to the generic nursing education programme standards⁶ to incorporate and reflect the proposed new RN prescribing scope of practice and proposed changes to the NP scope statement.

It is appropriate to review the RN prescribing programme alongside the master's programme leading to registration as an NP. This is because the postgraduate diploma for registered nurse prescribing is offered by tertiary education providers also accredited to deliver master's programmes leading to registration as an NP. RN prescribing is inextricably linked to the NP education pathway due to the ability to credit the postgraduate diploma in registered nurse prescribing to a NP master's programme.

What are we proposing?

We propose integrating the accreditation and monitoring standards for RN prescribing and NP programmes (revised 2024) with the generic nursing education programme standards leading to registration as an enrolled or registered nurse (2024).

These changes will result in one set of education standards, available [here](#).

The generic education standards will be accompanied by individual schedules that set out standards that must be met for the delivery of the:

- New Zealand Diploma in Enrolled Nursing
- Bachelor and/or Master's of Nursing
- Postgraduate Diploma in Registered Nurse Prescribing
- Master of Nursing for Nurse Practitioner.

The proposed changes are designed to be flexible and future-focused for education providers. A summary of specific proposed changes can be found in Table 3 on pages 18-23 of this document..

⁶ [RN & EN education standards](#) (2024)

Proposed nursing education programme standards

The review of education standards has considered:

- improved coherence between registered nurse, registered nurse prescriber, and nurse practitioner
- delivery of required papers across postgraduate qualifications
- regulatory barriers with a view to improving efficiency and expediting the pathway while ensuring public safety
- the identified area of practice before entry to programmes
- clinical practice and practicum requirements
- assessment and registration requirements for notification to the Nursing Council register.

Key changes are proposed to the following:

Clinical learning and experience

1. Clinical learning must include the use of simulation and integrated learning in the clinical setting. Successful clinical learning completion for the postgraduate diploma for RN prescribing requires verification of simulated and supervised clinical learning, including assessment against the standards of competence for RN prescribing.
2. Graduates of the NP programme must complete a minimum of 500 hours clinical learning of which 100 hours must be provided through clinical simulation and 400 hours in a relevant clinical setting.
3. A requirement of at least two years in the area of practice nurses intend to prescribe in, before entry to the register as a registered nurse prescriber, with at least one year in a New Zealand healthcare setting before entry to the programme of study. NP candidates are required to have at least two years in a chosen area of practice, before entry to the register as an NP, with at least one year in a New Zealand healthcare setting before entry to the programme of study.

NP registration process

We also propose a change to the requirement for NP candidates to submit a portfolio of learning and complete an oral/viva⁷ panel assessment before applying to a Nursing Council panel for registration. We propose that it is the responsibility of the education provider to inform the Nursing Council of NP candidates who have successfully passed the assessment and examination requirements, are considered fit to be entered on the register in the NP scope of practice, and identify the candidate's area of practice.

This means that there will no longer be a need for a Council panel assessment. The Council will retain a level of external moderation for the oral/viva assessment within the Master of Nursing for Nurse Practitioner programmes to ensure national consistency and standards.

⁷ Oral (Viva voce, meaning 'living voice'): The clinical viva examination is a method of assessing a student's/ākonga ability to use knowledge in a face-to-face examination encounter.

Table 3: Summary of specific proposed changes to nursing education standards

| Generic nursing education programme standards | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Existing standard | Proposed change | Rationale |
| The accreditation and monitoring standards for RN prescribing and NP programmes (revised 2024). | One set of generic standards for nursing education programmes with schedules for all programmes leading to nursing registration with Nursing Council. | Improved coherence between RN, RN prescriber and NP. Removes current need to repeat information for different standards at present. Will streamline the accreditation process for education providers and assessors. |
| Standard 3: The programme content, structure and curriculum are specifically designed for the preparation of registered nurse prescribers and/or NP candidates. Specific requirements for the postgraduate diploma in RN prescribing for long-term and common conditions. Specific requirements for NP preparation. | Standard 6: Programme of study Individual schedules set out standards for the postgraduate diploma in registered nurse prescribing programmes, and the NP master's programmes. | Schedules identify separate standards that are specific to each programme of study and qualification. |
| Additional requirement | 2.2 Addition of trauma-informed care to students/ ākongā' preparation and development of knowledge, skills, behaviours, values and attitudes. | Recognition of people accessing healthcare services who have experienced past or current trauma impacting their health and wellbeing. |
| Additional requirement | 3.11 Expectation that simulation facilities will be appropriately resourced and meet contemporary healthcare simulation standards. All appointed staff must have a structured orientation to teaching and learning in the simulation environment, and ongoing professional development as required. | Simulation is a fundamental element of teaching and learning modalities to underpin theoretical learning and prepare students/ ākongā for the clinical setting. Simulation augments clinical learning in a practice setting where simulation can replicate the real clinical event with a high degree of realism. |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>2.3 Staff have relevant clinical and academic qualifications and experience. Clinical teaching staff hold current practising certificates.</p> | <p>3.11 Academic staff will hold a relevant master's degree in nursing or a related discipline or have a plan in place to complete a master's degree within five years.</p> <p>Academic staff will complete a programme in adult teaching and learning within two years of appointment.</p> | <p>This is a significant programme of study.</p> <p>To ensure high-quality teaching and learning for students/ākonga by academic staff who are appropriately qualified and experienced.</p> |
|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Registered Nurse Prescribing Postgraduate Diploma schedule

| Existing standard | Proposed change | Rationale |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Pg 3 PG Diploma in RN prescribing for long-term and common conditions.</p> | <p>Pg 4 PG Diploma for registered nurse prescribing.</p> | <p>To reflect the new scope for RN prescribing.</p> |
| <p>NCNZ website</p> <p>A minimum of three years' full-time practice in the area they intend to prescribe in with at least one year of the total practice in New Zealand or a similar healthcare context.</p> | <p>6.2 For entry to the registered nurse prescribing programme of study, students/ākonga must have completed one year working at least 0.8 full-time equivalent in clinical practice in a New Zealand healthcare setting and have a current practising certificate.</p> | <p>To be familiar with the New Zealand culture and healthcare setting context prior to commencing this programme of study.</p> |
| | <p>6.3 For entry to the register as registered nurse prescriber, the education provider must ensure the student/ākonga has at least two years in the area of practice they intend to prescribe in.</p> | <p>To have gained sufficient baseline knowledge and experience in an area of practice RNs intend to prescribe in.</p> <p>Aligns with international nursing jurisdictions.</p> |
| <p>2.2 The coordinator of the programme/s is a RN who holds a current practising certificate and a relevant postgraduate qualification.</p> | <p>6.4 The programme lead is an experienced registered nurse prescriber or NP with a relevant master's degree, who holds a current practising certificate.</p> | <p>To ensure high-quality teaching and learning for students/ākonga by a programme lead who is appropriately qualified and experienced.</p> |

| | | |
|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| New standard | 6.5 The programme lead must be employed at least 0.8 within the tertiary education provider to ensure the quality and consistency of the programme. | To ensure high-quality teaching and learning, and coordination of students/ākonga by providing sufficient and consistent resource allocation across the programme of study. |
|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | | |
|--------------|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| New standard | 6.10 An achievement of a B average across the three required papers prior to undertaking clinical learning for prescribing. | An expectation students/ākonga are demonstrating acquisition of required knowledge and theory to safely prescribe. |
|--------------|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3.10.5 The prescribing practicum consists of at least 150 hours of clinical practice under the supervision of a prescribing mentor in a collaborative health team environment. | 6.12 Successful clinical learning completion is demonstrated through verification of both simulated and supervised clinical learning. | A requirement for a set number of clinical hours is arbitrary, where a more outcomes-based approach would prioritise quality over quantity and allow flexibility in how practice learning is structured to better account for the different paces and ways that students learn in a variety of practice settings. |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Pg 3 Upon awarding of the qualification, graduates will be eligible to apply to the Council for an authorisation/condition to be included in their scope of practice, enabling them to prescribe in primary health and specialty teams. | 6.13 The education provider is responsible for informing the Nursing Council of registered nurse prescribing students/ākonga who have successfully passed all requirements and are considered fit to be entered on the register for nurse prescribing. | The education provider is responsible for verifying successful clinical learning and evidence of assessment against the RN prescribing standards of competence. |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|

Master of Nursing for Nurse Practitioner programme schedule

| Existing standard | Proposed change | Rationale |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| 3.11.11 Have three years' equivalent full-time practice in the area in which they intend to prescribe. At least one year of practice must be in New Zealand. | 6.2 For entry to the programme of study, students/ākonga must have completed one year working at least 0.8 full-time equivalent of clinical practice in a New Zealand healthcare setting and have a current practising certificate. | To be familiar with the New Zealand culture and healthcare setting context prior to commencing this programme of study. |

| | | | |
|--------------|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | 6.3 | For entry to the register as a NP, the education provider must ensure students/ākonga have at least two years working at least 0.8 full-time equivalent in their chosen area of practice. | To build on knowledge and experience in a chosen area of practice through the programme of study prior to registering as an NP. Removes barriers and enables a more expedited pathway, and aligns with international nursing jurisdictions. |
| 2.2 | | The coordinator of the programme/s is a RN who holds a current practising certificate and a relevant postgraduate qualification. | |
| | 6.4 | The programme lead is a registered NP who preferably holds a doctoral degree and is actively engaged in the professional advancement of the NP role. | To ensure high-quality teaching and learning to prepare NP candidates to meet the requirements of the scope of practice and standards of competence. |
| New standard | 6.6 | The programme lead must be employed at least 0.8 within the tertiary education provider to ensure the quality and consistency of the programme. | This is a significant programme of work. To ensure high-quality teaching and learning, and coordination of students/ākonga by providing sufficient and consistent resource allocation across the programme of study. |
| New standard | 6.12 | An achievement of a B average across required papers prior to undertaking clinical learning. | An expectation students/ākonga are demonstrating acquisition of required knowledge, theory and clinical learning to meet the requirements of the NP standards of competence in preparation for practice. |

3.11.5 Graduates of the NP programme must complete a minimum of 300 hours practicum experience. Those who have completed the Postgraduate Diploma in Registered Nurse Prescribing may include the 150 hours prescribing praxis as part of the 300 hours total.

6.13 Graduates of the NP programme are required to complete a minimum of 500 hours clinical learning of which a minimum of 100 hours must be provided through clinical simulation and a minimum of 400 hours in a relevant clinical setting.

The increase in clinical hours from a minimum of 300 hours is to reflect the education sector feedback on the minimum protected clinical time under supervision required to prepare a NP candidate. This also aligns to international practice.

The inclusion of simulation aims to ensure the education provider can take a blended approach to teaching and learning whilst ensuring that the required level of knowledge and skill is able to be taught and assessed in a controlled environment.

Additional requirement

4.9 Each nursing education provider has a recognition of prior learning (RPL) policy:

- Registered nurse prescribing and NP programmes – RPL is at the discretion of the education institution.

To ensure education providers support entry into the programme of study with recognition of pre-requisite courses being achieved at different institutions and being transferred over.

NCNZ website

Have at least four years' experience in an area of practice at the time of the application.

Pass an assessment against the NP competencies by a Council-approved panel.

6.15 To be entered onto the register as an NP, the programme provider must provide evidence to the Nursing Council of successful completion of the following requirements:

- meet the NP standards of competence
- pass an objective structured clinical examination (OSCE) of assessment and diagnostic reasoning skills
- undertake a viva voce (or oral) assessment with a Nursing Council-approved external examiner and education institute examiner
- pass an assessment in the clinical environment undertaken by a clinical supervisor in collaboration with the academic mentor against all NP competencies.

A viva voce (oral) assessment is already included within the MN programme. To ensure consistency and standard of the assessment, an external Nursing Council-accredited examiner will be required at this assessment.

Once this assessment and all the requirements are met, and the NP candidate is deemed suitable for registration, the education provider will notify the Council, therefore removing the time from MN completion to registration.

Pg 3 Applicants for registration as an NP must complete a Council-accredited master's programme and meet the competencies for the NP scope of practice (2017). After gaining this qualification, graduates will be eligible to apply to the Council for registration as an NP with prescribing rights as an authorised prescriber under the Medicines Act 1981.

6.16 The education provider is responsible for informing the Nursing Council of NP candidates who have successfully passed the assessment and examination requirements (6.15), are considered fit to be entered on the register in the NP scope of practice, and identify the candidate's area of practice.

Currently, NP candidates notify the Council of their intended area of practice. Ensuring there is a process for the Council to record the area of practice at registration is required.

This will allow the Council to develop a mechanism for monitoring changes in NP area of practice in the future.

Consultation questions

1. Do you support the clinical learning requirements for RN prescribing?
2. Do you agree that registered nurses should complete two years in the area of practice they intend to prescribe in before registration as a nurse prescriber?
3. Do you agree that NPs should complete two years in their chosen area of practice before registration?
4. Do you support the requirements for the programme lead?
5. Do you support a minimum of 100 hours of simulation plus 400 hours of face-to-face clinical learning in the NP programme?
6. Do you support the requirement for the education provider to inform the Nursing Council of the nurse practitioner candidate's broad area of practice prior to registration as a nurse practitioner?
7. How would you define broad areas of practice?
8. Please provide any other comments including reasons to explain your answers.